Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Under the Paberwork Reduc	MOTACE D. 1992			acona to a concano	0, ,,	oncc.				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H R 4818). FEE TRANSMITTAL For FY 2005 Applicant claims small entity status. See 37 CFR 1.27				Complete if Known						
						10/056	10/056,831			
				Filing Date Janu		Janua	uary 24, 2002			
				First Named Inventor J		John E	John Brustad			
				Examiner Name Manue			A. Mende:	z		
				Art Unit 3763						
TOTAL AMOUNT OF PAYMENT (\$) 180 00				Attorney Docket No. A-220			207-AL			
METHOD OF PAYMEN	IT (check all	that apply)								
Check Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number: 01-2215 Deposit Account NameApplied Medical Resources Corporation										
For the above-identified deposit account the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fee(s)										
WARNING: Information on th information and authorization	is form may be 1 on PTO-2038.	ecome public. Crédit ca:	rd info	ormation should no	ot be inc	luded on th	is form. Provid	de credit c	ard	
FEE CALCULATION				0 •						
1. BASIC FILING, SEA	RCH, AND I	EXAMINATION FEI	ES							
,	FILING F	FEES S		CH FEES	EXAN	MINATION				
Application Type	Fee (\$)	mall Entity Fee (\$) Fe	ee (\$)	Small Entity Fee (\$)	Fee	<u>Small</u> (\$) Fea	Entity (\$)	Fees Pa	aid (\$)	
Utility	300		00	250	200					
Design	200	100 1	00	50	130) 6	5			
Plant	200	100 3	00	150	160) 8	0			
Reissue	300	150 5	00	250	600				****	
Provisional	200	100	0	0	0)	0 .			
2. EXCESS CLAIM FE	ES			· ·			•		Small Entity	
Fee Description								<u>Fee (\$)</u> 50	Fee (\$)	
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.							I ioinal naten		25 100	
Multiple dependent clair		n Keissues, each in	исре.	nacin ciami mo	no mai	i in the o	15mai paten	360	180	
Total Claims	Extra Claims	Fee (\$)	Fee P	'aid (\$)	Multiple Dependent Clai					
17 - 20 or HP =		x 50 = 1	0		<u>Fe</u>	e (\$)	Fee Paid	<u>(\$)</u>		
HP = highest number of total Indep. Claims	Extra Claims		Fee P	ald (\$)						
3 - 3 or HP =	0	_x <u>200</u> = _	0							
HP = highest number of indep		oald for a greater than 3								
3. APPLICATION SIZE If the specification and		xceed 100 sheets of	f pap	er, the applicati	ion size	e fee due	is \$250 (\$12	5 for sm	all entity)	
for each additional	50 sheets or	fraction thereof. S	see 3	5 U.S.C. 41(a)((1)(G) a	and 37 Cl	R 1.16(s).		• 7	
Total Sheets	Extra Shee			additional 50 or					Paid (\$)	
		/ 50 =		(round up to a w	noie nu	mber) x	0			
4. OTHER FEE(S) Fees Paid (\$)										
Non-English Specification, \$130 fee (no small entity discount) Other: Information Disclosure Statement								100	00	
Other: miormation	וואסוטפור	- Statement	-					<u>180.</u>	ŲŪ	
SUBMITTED BY				Taladas (to a Alla						
nature Registration No (Attorney/Agent) 53,257 Telephone							Telephone 9	949-713-8233		
lame (Print/Type) David G. Majdali Date February 9,								2007		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.